Revision: HCFA-PM-85-14 (BERC)

State:

SEPTEMBER 1985

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE NIX OF THE SOCIAL SECURITY ACT Nevada

٨.	The following ch	arges are imp	osed on the	e categorically needy for services other than those provided	
	nuder section 14	ou Tang(E)(I) EutonEu (2) wud	d (7) of the Act: Effective 1 October 1981 (no change as of 1	0/1/85)	

	Service Deduct	Type Charge	Copay.	Amount and Basis for Determination
6 a .	Podiatrists		х	\$1 per office visit(POV)
6c.	Chiropractors		х	\$1 POV
9.	Mental Health Clinics		х	\$1 per clinic visit
10.	Dental	ŀ	х	\$2 POV
11a.	Physical Therapy		х	\$1 POV
	Occupational Therapy		х	\$1 POV
llc.	Services for Individuals with			
	Speech, Hearing and Language	1		
	Disorders		X	\$1 POV
12a.	Prescribed Drugs		x	\$1 per prescription
12ь.	Dentures		x	\$3 per denture
12c.	Prosthetic Devices		Х	\$3 per item
12d.	Eyeglasses		х	\$3 per pair
14b.	Services for Individuals Age			, to pass pass
	65 or Older in Institutions			
	for Mental Diseases		х	One-half first day's per diem rate (PDR
15.	Intermediate Care Facility(ICF)	}	x	One-half first day's PDR
	ICF Services in Institutions for		"	one half liftst day a PDR
•	the Mentally Retarded		x	One-half first day's PDR
17a.	Transportation-Ambulance (ground)		x	\$3 one way
	Ambulance (air)		x	\$3 one way
	Medi-van) .	x	
	Taxi	l	X	\$2 each way
	1		^	\$1 each way
	For Section Approx Approx 82-29	al Date MAY	5 1986	Effective Date 7/1/85

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE MIN OF THE SOCIAL SECURITY ACT

	State: _		NEVADA					
A .	The following charges are imposed on under section 1905(a)(1) through (5)			edy for	services oth	er than	those provided	
	Service .	Deduct.	Type Charge Coins.	Copay.	Amount an	d Basis	for Determination	on

Exceptions:

- 1. Services furnished to children under the age of 19.
- 2. Services furnished to pregnant women if such services relate to the pregnancy.
- 3. Services furnished to any individual who is an inpatient in a hospital, long-term care facility or other medical institution and who is required, as a condition of receiving services in the institution, to spend down for medical costs all but a minimal amount required for personal needs.
- 4. Services provided in a facility equipped to furnish the required care to meet a medical emergency.
- 5. Services and supplies furnished to individuals of child-bearing age as part of the family planning program.
- 6. Services furnished by a health maintenance organization (HMO); (at such time as HMO services become a part of the Nevada Medicaid program).

TN No. 86-5
Supersedes Approval Date
TN No. 82-29

Effective Date 7/1/85

Revision: HCFA-PM-85-14 (BERC)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	MEV	AUA			· .	
	1144		harres for	categorica	llv r	200

B. The method used to collect cost sharing charges for categorically needy individuals:

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- Providers are responsible for collecting the cost sharing charges from individuals.
- The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The provider determines whether the recipient can pay by asking. However, certain groups of recipients are exempt from copayment by Medicaid policy. These individuals are identified by notation on their Medicaid certificate. The recipients include: those under the age of 19; pregnant women for those services related to the pregnancy; institutionalized individuals; those receiving emergency services; those receiving family planning services; and those receiving services as part of an HMO program. Co-payment amounts are deducted automatically from the computer-calculated Medicaid payments to the provider.

TW No. <u>86-5</u>
Supersedes
TW No. <u>76-2</u>4

Approval Date MAY 5 1998

Effective Date _7/1/85

Revision: HCFA-PM-85-14 (BEBC)

SEPTEMBER 1985

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4	Nevada
State:	

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers were informed by bulletin December 8, 1983, the recipient's Medicaid Certificate would show under the notes column the recipient was exempt from copayment. Through Medicaid's post-payment review system, three percent of the recipients whose services are paid each month are sent VOS forms which include a question about recipient payment for a service. In addition, recipients are informed of their exempt status.

- E. Cumulative maximums on charges:
 - 2X/ State policy does not provide for cumulative maximums.
 - Cumulative maximums have been established as described below:

TH No. 76-24